

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 146 OF 527
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Donald Vigliotti

Mailing Address 4 Brandon

City	State	Zip Code
Commack	NY	11725-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR2116713406

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Deborah Lewis

Mailing Address 4280 Country Squire Lane

City	State	Zip Code
Fairfax	VA	22032-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR2117313406

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Everton M. Lewis

Mailing Address 774 Bartholdi Street

City	State	Zip Code
Bronx	NY	10467-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR2117513406

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

358.34

TOTAL This Period (last page this line number only)..... ►